| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |   |                      |                                   |       |                     | Application or Docket Number        |    |                     |                        |
|--|--|---|--|---|----------------------|-----------------------------------|-------|---------------------|-------------------------------------|----|---------------------|------------------------|
|  |  | CLAIMS A  | S FILED - F  |   |                      | Column 2)                         |       | SMALL ENT           | π.∷. /<br>                          | OR | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |   |                      |                                   |       | RATE                | FEE                                 |    | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |   | LARC                 | 3E ENT. = \$ 300                  |       | BASIC FEE           |                                     | OR | BASIC FEE           | **                     |
| EXAMINATION FEE  |  |   |  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                      | ther situations = 100 / \$ 200    |       | EXAM FEE            |                                     |    | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |   |                      | other situations = 5 250 / \$ 500 |       | SEARCH FEE          |                                     |    | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu   | ıs 100 =  |                      | / 50 =                            |       | X \$ 125 =          |                                     | İ  | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | nin  | nus 20 =  | •                    |                                   |       | X \$ 25 =           |                                     | OR | X \$ 50 =           |                        |
| INDE   | EPENDENT CLA                                   | AIMS  | mi   | inus 3 =  | •                    |                                   |       | X \$ 100 =          |                                     | OR | X \$ 200 =          |                        |
| MUL  | TIPLE DEPENC                                   | DENT CLAIM PRE                                  | ESENT  |   |                      |                                   |       | + \$ 180 =          |                                     | OR | + \$ 360 =          | 6                      |
| * If   | the difference                                 | in column 1 is l                                | ess than zero,   | enter "C  | )" in co             | olumn 2                           |       | TOTAL               | ·                                   | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |  |   |                      | (Column 3)                        | /<br> | SMALL E             | OTHER THAN L ENTITY OR SMALL ENTITY |    |                     |                        |
| Y A TA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGH<br>NUMI<br>PREVIO<br>PAID                      | BER<br>OUSLY         | PRESENT<br>EXTRA                  |       | RATE                | ADDI-<br>TIONAL<br>FEE              |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | -27   | Minus *  | -2  | 7                    | 34                                |       | X \$ 25 =           |                                     | OR | X \$ 50 =           |                        |
| MEN  | Independent                                    | . 7   | Minus  |   | 7                    | =                                 |       | X \$ 100 =          |                                     | OR | X \$ 200 =          |                        |
| ,  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                      |                                   |       | + \$ 180 =          |                                     | OR | + \$ 360 =          |                        |
|  | <u> </u>                                       |   |  |   |                      |                                   |       | TOTAL ADDIT.<br>FFF |                                     | OR | TOTAL ADDIT.<br>FFF |                        |
|  |  |   |  |   |                      |                                   |       |                     |                                     |    |                     |                        |
| 47.8   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | (Colum<br>HIGH<br>NUMI<br>PREVIO<br>PAID            | IEST<br>BER<br>OUSLY | (Column 3) PRESENT. EXTRA         | - x   | RATE                | ADDI-<br>TIONAL<br>FEE              |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| DIME   | Total  | *   | Minus  | ••  |                      | =                                 |       | X \$ 25 =           |                                     | OR | X \$ 50 =           |                        |
| AMENDMENT  | Independent                                    | •   | Minus  | *** .   |                      | = 1                               |       | X \$ 100 =          |                                     | OR | X \$ 200 =          |                        |
|  | FIRST PRES                                     | ENTATION OF M                                   | IULTIPLE DEPE  | ENDENT (  | CLAIM                |                                   |       | + \$ 180 =          |                                     | OR | + \$ 360 =          |                        |
|  |  |   |  |   |                      |                                   |       | TOTAL ADDIT.<br>FFF |                                     | OR | TOTAL ADDIT.<br>FFF |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |   |                      |                                   |       |                     |                                     |    |                     |                        |